

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	UT	69607	3-13-99
O.I.P.E. CLASSIFIER			3-26-99
FORMALITY REVIEW	TS	71480	4-5-99

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	✓		✓
3	✓		
4	✓		
5	✓		✓
6	✓		
7	✓		
8	✓	✓	✓
9	✓		
10	✓		
11	✓		
12	✓	✓	
13	✗	○	
14	✓	✓	=
15	✓		
16	✓		
17	✓		
18	✗		
19	✓		
20	✗	✓	=
21	✓		
22	✓	✓	
23	✓	✓	
24	✓		
25	✓		
26	✓		
27	✓		
28	✓		
29	✓		
30	==	✓	
31	==		
32	==		
33	==		
34	==	✓	=
35	✓		
36	✓		
37	✓		
38	✓	✓	=
39	✓		
40	✓		
41	✓		
42	✓		
43	✓		
44	✓		
45	✓		
46	✓		
47	✗		
48	==		
49	==		
50	==		

Claim	Final	Original	Date
51	✓	✓	
52	✓	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

JL